COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **A PROSTHESIS FOR LARGE BLOOD VESSELS.**

the spec	cification of which: (chec	k one)				
		REGULAR OR DESIGN	APPLICATION			
	is attached hereto.					
	was filed on as application Serial No and was amended on (if applicable).					
	PC1	FILED APPLICATION ENTE	RING NATIONAL STAGE			
\boxtimes	was described and claimed in International application No. <u>PCT/IT03/00767</u> filed on <u>novembre 24, 2003</u> and as amended on(if any).					
		ved and understand the contended and understand the contended to above.	ents of the above-identified sp	ecification, including the		
	wledge the duty to disclostions, §1.56.	se information which is materia	al to patentability as defined in	Title 37, Code of Federal		
cate list	ed below and have also	identified below any foreign and attention on which priority is claimed PRIOR FOREIGN AP		's certificate having a fil-		
	Country	Application Number	Date of Filing (day, month, year)	Priority Claimed		
	ITALY	MO2002A000349	6 dicembre 2002	Yes		
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below:						
Applica	tion No.	Filing Date	Status (patented,	pending abandoned)		
(Compl	lete this part only if this is	a continuing application.)		•		
ject ma provide patenta	tter of each of the claims d by the first paragraph ability as defined in Title 3	of this application is not disclored of 35 USC 112, I acknowledge	ates application(s) listed below osed in the prior United States a ge the duty to disclose informa s §1.56 which became availabl ng date of this application:	application in the manner ition which is material to		
Applica	ation No	Filing Date	Status (natented	pending abandoned)		

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from **BUGNION S.P.A.** as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,855, Liam MCDOWELL, Reg. No. 44,231, and Philip A. DUBOIS, Reg. No. 50,696,

c/o YOUNG & THOMPSON Second Floor 745 South 23rd Street Arlington, Virginia 22202 Customer Number 00466

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

or any patent issued the	nereon.			•
Full name of sole or file	rst inventor: Gload	chino COPPI		
Inventor's signature:			Date:	23 June 2004
Residence: Moden	a, ITALY	FIXIV	Citizenship:	Italian
Post Office Address:	Via Alzaia, 40/2			
•	I-41100 Modena	٠.		
	ITALY			
•				
Full name of second jo	oint inventor, if any:		•	
Inventor's signature:			Date:	
		•	Citizenship:	
Post Office Address:				
Full name of third join	t inventor, if any:		·	
Inventor's signature:		·	Date:	
Residence:	·			
Post Office Address:				
Full name of fourth joi	nt inventor, if any:			
Inventor's signature:			Date:	
Residence:				
Post Office Address:				